

ISSUE SLIP STAPLE AREA (For additional class references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		10-11-99
O.I.P.E. CLASSIFIER		12	10/12/99
FORMALITY REVIEW	DM	12223	11-2-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			10/12/99
2			10/12/99
3			10/12/99
4			10/12/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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